
STRENGTHENING FAMILIES

TARGET POPULATION

The target population is the whole family including children in the home.

GOALS

- Give parents the tools they need to provide healthy child development and responsible parenting, including prenatal care and parenting education.
- Meet the developmental and educational needs of children in the home, particularly during the critical first three years of childhood.
- Identify at-risk children and coordinate with other involved agencies to effectively intervene.
- Strengthen family relationships and increase family resources to improve long-term outcomes.

CHALLENGE

It may take intensive, one-on-one case management and multi-agency collaboration to create a family-focused, strength-based plan for a troubled family that brings all relevant people and needed supports to the table. With a declining economy, reduced budgets, fewer staff and rising caseloads, the department may need to focus on the most at-risk families and children and leverage resources to cover areas such as early childhood development and school readiness.

WHAT WE DO IN WASHINGTON STATE

- WorkFirst Program Specialists use the Comprehensive Evaluation to assess the family's situation including financial literacy, the health of the adults and children in the home, legal, housing, transportation or child care challenges and the family's involvement with child welfare or other state agencies. When there are significant issues, social worker staff provides assessment, case management and referrals to needed services.
- Social workers assess pregnant mothers and parents of infants and use the WorkFirst Pregnancy to Employment Pathway to give them access to specialized services and supports. These services include pre- and post-natal care and parenting classes. We may lift participation requirements when a parent reaches late stage pregnancy and continue the exemption until the child is age one. However, the parent will always be required to access any needed mental health or chemical dependency treatment.
- Screens for family planning as needed, but at least once a year and refers parents to the Family Planning Hotline at 1-800-770-4334 to access services.
- We provide on-site family violence services in almost every Community Services Office. The Washington State Coalition Against Family Violence provide technical assistance to our staff to help

them deal effectively with family violence. We also contracted with the University of Washington to develop staff family violence training.

- We coordinate with the Children’s Administration when they are involved with a WorkFirst family so we create consistent plans for the family. For example, we involve Children’s staff when the family may lose cash aid due to sanction. Also, we may coordinate with Children’s when they temporarily remove a child from the home to promote family reunification by continuing cash aid for the parent. Last, we work with Children’s to refer a limited number of families with young children to the Medicaid Treatment Child Care Program. The program provides day treatment for children with mental or behavioral issues or who are at risk of child abuse and neglect.
- We work with the Department of Corrections to support their new sentencing alternatives program that releases offenders with minor children into the community earlier with a goal of increasing parental involvement and decreasing intergenerational crime.
- WorkFirst representatives are included in the department’s Youth in Transition collaboration to improve opportunities for youth leaving foster or institutional care. The collaboration is exploring ways to leverage resources to fill gaps in services and address these youth’s barriers to success.
- SafeCare is available from Children’s in Regions 2 and 3, the Parent-Child Home program is available in the Seattle and Yakima areas and Parents as Teachers may be widely available through the K-12 system. These three programs are not currently emphasized by the WorkFirst program.
- The Department of Health (DOH) is completing a [Home Visiting Needs Assessment](#) for potential new home visiting sites to be selected and funded with the approximately \$1.3 million federal funds allocated to Washington State as part of home visiting initiative (through Health Care Reform legislation). DOH seeks to identify locales with highest need/risk and to inventory existing home visiting programs including First Steps’ home visiting components, and finally to identify gaps to target locales where additional resources for home visiting would be most useful. Draft assessments were distributed in early September.

BEST PRACTICES

High-performing Strengthening Families programs commonly include some or all of the features described below. To be considered a “best practice,” a program must be evidence-based and/or be recognized as a national model.

- **Home Visits:** Many programs provide in-home life skills, school readiness and parenting training from paraprofessionals or program alumni, and for the Nurse Family partnership program, by a registered nurse with small caseloads. Visits may occur weekly, biweekly, or on a monthly basis and may occur less often as the family progresses through the program.
- **Evidence-based Curriculum:** Provides parents with key information about their child’s growth and development and effective parenting techniques.

- **Mentoring and/or Group Sessions:** Some models include group meetings (outside the home and with other families) or prefer that home visitors be from the local community—or even that they be alumni of the home visiting program, as a way to help establish credibility or a connection between home visitors and families.

	Program	Home Visits	Evidence-based Curriculum	Mentoring and/or group sessions
BEST PRACTICES				
1.	Healthy Families, Florida <ul style="list-style-type: none"> • HFF Assessment Tool • HFF Scoring Guideline 	✓	✓	
2.	Home Instruction for Parents of Pre-school Youngsters (HIPPY)	✓	✓	✓
3.	Nurse Family Partnerships (NFP)	✓		
4.	Parents As Teachers (PAT)	✓	✓	✓
PROMISING PRACTICES				
5.	Parent Child Home Program (PCHP)	✓	✓	✓
6.	SafeCare	✓	✓	

LESSONS LEARNED

- **Focusing on the children in the home will require new or stronger partnerships:** The WorkFirst program has traditionally limited its focus on parenting to those who are pregnant, caring for an infant or who are involved with the child welfare system. Several nationally recognized programs with a focus on early childhood development and school readiness are available through other Washington State Departments. WorkFirst is beginning to draw on the expertise of the Department of Early Learning in the area of early childhood development. The program may benefit from strengthening our partnerships with other Departments, such as the K-12 system and the Department of Health, to learn more about the parenting resources they provide and how to link TANF clients to these services and supports. For example, Parents as Teachers and the Parent-Child Home Program are both home visiting programs with tested curriculum that provide child development and school readiness training to parents. Both programs are available in Washington State but not currently listed as an available resource for WorkFirst parents along with staff instructions for making referrals.
- **Home visits provide positive benefits:** In an article on home visits in “The Future of Children,” Howard and Brooks-Gunn conclude that researchers have found little evidence that home-visiting programs directly prevent child abuse and neglect. However they put forward that home

visits can impart positive benefits to families by influencing maternal parenting practices, the quality of the child's home environment, and children's development. They also recognized a connection between improved parenting skills and child well-being, and corresponding decreases in maltreatment over time. Howard and Brooks-Gunn also report that the programs have their greatest benefits for low-income, first-time adolescent mothers. They strongly conclude that home visiting can be a beneficial and cost-effective strategy for providing services to families and children. **Healthy Families Florida** demonstrated how home visits with parenting training reduced incidences of abuse and neglect, improved problem-solving and coping skills and how a voluntary home visit program may increase the chances of success.

- **There are nationally-recognized, tested curricula available to address early child development and school readiness:** Some program models focus more heavily on the school-readiness aspect of early childhood development (e.g., Parents as Teachers, HIPPY, Parent-Child Home Program) while others are more broadly focused on child development issues, as well as maternal and child health, and family functioning. These programs rely heavily on research-based curricula to develop essential parenting information and focus on reaching children during the critical early years of life. These programs are based on the premise that parental involvement will be indispensable to a child's future success in school.
- **There are programs available to address prenatal and early childhood healthcare:** The Nurse Family Partnership program employs home visits by registered nurses from early pregnancy through the child's second birthday for low-income, first-time moms. The program:
 - Ensures parents receive the care and support they need for a healthy pregnancy.
 - Improves child health and development by teaching parents how to provide responsible and competent care.
 - Improves self-sufficiency through goal setting, family planning and encouraging parents to pursue education and work.

References

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